

CRA-AdultUseLicensing@Michigan.gov

This marijuana establishment license application is intended for applicants seeking a license for a marijuana grower (class A, B, or C), marijuana processor, marijuana retailer, marijuana secure transporter, marijuana safety compliance facility, marijuana microbusiness, or class A marijuana microbusiness.

<u>DO NOT</u> SUBMIT A MARIJUANA ESTABLISHMENT LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION.

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.

	MARIJUANA ESTABLISHMENT LICENSE APPLICATION
Mariju	ana Establishment License Application
	Page 1: Demographic Information
	Page 2: Attestation 2-A - Acknowledgment & Consent to Investigations, Statute & Rule Compliance
	Page 3: Attestation 2-B – Interest & Experience Attestation
	Page 4: Attestation 2-C – Confirmation of Section 6 Compliance
	Page 5: Attestation 2-D – Confirmation of Insurance
	Page 6: Acknowledgment of Attestations
	Page 7: Disclosures: (1) Business Specifications, (2) Municipality Information, (3) Employee Information
Suppor	rting Documents
	Copy of Certificate of Use and Occupancy
	Copy of deed or lease agreement
	Copy of proof of financial responsibility (e.g., insurance policy, constant value bond)
	Copy of marijuana business location
	Copy of floor plan
	Copy of business plan, including but not limited to:
	☐ Technology plan
	☐ Marketing plan
	☐ Staffing plan
	☐ Inventory and recordkeeping plan
	DBA documentation (if applicable) (obtained at county-level)
	Certificate of Assumed Name (if applicable) (obtained from LARA Corporations Division)
<u>Ma</u>	rijuana Secure Transporter applicants only:
	Proof of auto insurance (for any vehicles used to transport marijuana product)
	Vehicle registration (for any vehicles used to transport marijuana product)
	Registration as a commercial motor vehicle (for any vehicles used to transport marijuana product)

All applicable items on the checklist are <u>required</u> to be provided at the time of application submission. Failure to submit any of the required items may result in the denial of your application.

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LICENSE TYPE	
Please indicate the license type for which you are	annly

Please indicate the license t Class A Marijuan		e appiyin		icrohusiness	☐ Marijuana Retailer	
☐ Class B Marijuan		 □ Marijuana Microbusiness □ Class A Marijuana Microbusiness □ Marijuana Safety Compliance Facility □ Marijuana Processor □ Marijuana Secure Transporter 		5		
☐ Class C Marijuan						
AADIHIANA ESTA		NEODI	MATION			
IARIJUANA ESTA lease provide the following	g information regardi	ng the m				
Applicant Name (as appears	on official business doc	cuments)		Assumed Name/DBA (At	ttach copy of filed assumed name certificate, if applicable)	
Mailing Address				FEIN/SSN		
City	State	Zip (Code	Phone		
E-mail Address				Business Location Zoning Category (e.g., agriculture, commercial, residential)		
PERSON COMPLET						
lease provide the following	g information for the	individu	al who will act a			
Name (First, Middle, Last)				Date of Birth (mm/dd/yy	уу)	
Mailing Address				Phone		
City	State	Zip (Code	E-mail Address		
	VALID	ATIO	N - FOR DE	PARTMENT USE	ONLY	
			CRA RI	ECEIPT		

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ATTESTATION 2-A

ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE

(To be completed and submitted by the applicant)

On behalf of		, I	
	Name of Main Applicant		Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
acknowledge that I am the person responsible for submitting this application and supporting documents.			

I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested in a timely manner. I understand that if the Agency identifies a deficiency in an application, the agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MRTMA Section 7 and the MRTMA Administrative Rules.

I understand that in failing to cooperate with an investigation process, the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while licensed or after the marijuana license has expired.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60th day after my complete application is submitted. In the event I do not have a passing inspection by the 60th day, I acknowledge that my application may be denied.

I attest that if approved for a RETAILER or MICROBUSINESS license, I shall obtain marijuana liability insurance provided by a licensed and admitted insurance company in Michigan in a minimum amount of \$50,000.00 pursuant to section 11a of the MRTMA. Further, I attest that I will submit proof of the marijuana liability insurance to the Agency within 60 days after the RETAILER or MICROBUSINESS license is issued.

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ATTESTATION 2-B INTEREST & EXPERIENCE ATTESTATION

(To be completed by the applicant)

On behalf of	, I _	,	
Name of Main Applicant	1	Name & Title of Individual Authorized to Sign on Behalf of Main Applicant	
hereby acknowledge and affirm the following:			
Lattact and affirm that if Lam applying for a GPOWER A B or Clicense that I do not have any interest in a microbusiness secure			

I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I further attest that I do not and will not have an interest in more than 5 marijuana grower licenses.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have an interest in a grower, processor, retailer, safety compliance facility, microbusiness, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a RETAILER license that I do not have any interest in a microbusiness, secure transporter, or safety compliance facility. I attest that my investors do not have any interest in a microbusiness, secure transporter, or safety compliance facility.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE FACILITY license that I do not have any interest in a grower, secure transporter, processor, retailer, or microbusiness. I attest that my investors do not have any interest in a grower, secure transporter, processor, retailer, microbusiness, designated consumption area, marijuana event organizer, or temporary event.

I attest and affirm that if I am applying for a MICROBUSINESS license that I do not have any interest in a grower, processor, retailer, safety compliance facility, secure transporter, or another microbusiness. I further attest that I do not and will not have an interest in more than one microbusiness.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Michigan Regulation and Taxation of Marihuana Act (MRTMA), 2018 IL 1, Sec. 9, I may be subject to disciplinary action or risk loss of licensure.

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Adult-Use Licensing | Licensing Division Cannabis Regulatory Agency P.O. Box 30205 Lansing, MI 48909 Telephone: (517) 284-8599 CRA-AdultUseLicensing@Michigan.gov

ATTESTATION 2-C CONFIRMATION OF SECTION 6 COMPLIANCE

(To be completed and submitted by the applicant)

Proposed	d Establishment Name:			
Proposed	d Establishment Address:			
Proposed	d Establishment Type:			
Municip	ality of Proposed Establishn	nent:		
Name of	Municipal Clerk/Designee:			
Phone N	umber of Municipal Clerk/D	Designee:		
On beha	lfof		. I	
	Name o	f Main Applicant	, I	to Sign on Behalf of Main Applicant
	orized to sign this attestation the following:	on on behalf of the proposed	l marijuana establishment identifi	ed above and attest to and
1.	The municipality in which use marijuana establishme	1 1	s to be located has not adopted an o	ordinance prohibiting adult-
2.	I am in compliance with a zoning regulations.	ll ordinances the municipality	y has adopted relating to marijuan	a establishments, including
3.	. I will report to the Cannabis Regulatory Agency (CRA) any changes that occur with municipal ordinances or zoning regulations that relate to the proposed marijuana establishment.			
4.	I will report to the CRA ar	ny municipal establishment ap	pprovals.	
5.	I will report to the CRA ar	ny violations of a municipal or	or zoning regulation.	
Authorized	l Individual Signature		<u> </u>	Date

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ATTESTATION 2-D CONFIRMATION OF INSURANCE

(To be completed by the applicant and an authorized representative or designee of the insurance or surety company, and submitted by the applicant)

Do not sign until notary is present PART A (to be completed by the applicant): On behalf of _____ Name & Title of Individual Authorized to Sign on Behalf of Main Applicant Name of Main Applicant understand that I am submitting this attestation in accordance with the Administrative Rules. Applicant Signature Date Establishment Name/Insured Party Name Establishment Address/Insured Party Address PART B (to be completed by an authorized representative or designee of the insurance or surety company): _____, of ___ Name of Insurance or Surety Company Authorized to do Business in this State Name of Representative/Designee hereby attest to the Cannabis Regulatory Agency (Agency) that the applicant for a state license as named above in part A, has liability coverage for bodily injury to lawful users resulting from the manufacture, distribution, transportation, or sale of adulterated marijuana or adulterated marijuana-infused products in an amount not less than \$100,000.00 and that no products liability exclusion exists in the liability coverage issued to the applicant and/or licensee that would exclude the coverage mandated in the Administrative Rules. I further attest that: The policy number for the above-referenced insurance policy is ______, with an effective date of , and expiration date of . The declaration page of the above-referenced policy is attached hereto. The bond number for the above-referenced constant value bond is , with an effective date of and expiration date of ______. A copy of the bond is attached hereto. The policy or surety bond listed above covers the following locations (list all locations covered by the policy or bond): Representative or Designee Signature Company Address Date Subscribed and sworn to by_____ before me on (Representative/Designee Name) (Notary Public Signature) (Notary Public Printed Name) , County of _____. Acting in the county of _____.

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My commission expires:_____



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ACKNOWLEDGMENT OF ATTESTATIONS

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of	, I,
Name of Main Applicant	, I, Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
hereby swear, acknowledge, and consent to the following atteacknowledgment and consent):	estations (check all that apply to indicate the applicant's
☐ Attestation 2-A: Acknowledgment & Consent to Investigat	ions, Statute & Rule Compliance
☐ Attestation 2-B: Interest & Experience Attestation	
☐ Attestation 2-C: Confirmation of Section 6 Compliance	
☐ Attestation 2-D: Confirmation of Insurance	
Further, I affirm, under the penalties of perjury, that the informati is true, complete, and correct, and that no material information has Signature of Individual Authorized to Sign on Behalf of Main Applicant	**
Subscribed and sworn to by(Authorized Individual Name)	before me on
(Addionized Individual Pality)	(Date)
(Notary Public Signature)	(Notary Public Printed Name)
State of, County of	. Acting in the county of, (county) ,
My commission expires:	(
ing terminesian expires.	

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(1) **BUSINESS SPECIFICATIONS**

A. Establishment Ownership Information: Provide the festablishment to be licensed:	following information regarding ownership of the marijuana
Property Tax ID Number	Owner of Record
Property Street Address (including suite number, if applicable)	Type of Ownership or Use Interest (e.g., own, rent, land contract)
(2) MUNICIPALITY INFORMATION	
A. Name of municipality in which the marijuana establish	ment will be located:
B. City, state, and zip code of municipality:	
C. County of municipality:	
(3) EMPLOYEE INFORMATION	
A. Number of employees who will work for this marijuan	a establishment: (if unknown, estimate)

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